

RM of Tecumseh #65

Box 300 Stoughton, SK S0G 4T0

GST # 83789 8477

Annual Dust Control Application

DATE: _____ PHONE #: _____

NAME: _____

MAILING ADDRESS: _____

I request dust control be applied by my place of residence at

LAND LOCATION: _____

on,

TWP / RGE ROAD: _____

Dust Reduction Rates are as follows:

<u>SITE</u>	<u>ANNUAL FEE</u>
1	\$555.00 (GST/PST Included)

Please Note:

A) Suppressant will be applied a minimum of 1 time in the year which it is requested, and any subsequent applications within this same year will be at the discretion of the RM of Tecumseh and is subject to availability of time, product & necessity.

B) All requests must be received **annually** and accompany payment in full prior to work being completed.

C) The RM of Tecumseh will **not** be contacting ratepayers individually. It is the responsibility of the ratepayer to make an **annual request** for the application of suppressant.

D) Please remit signed application and payment either in person or by mail to:

The RM of Tecumseh #65

Box 300

Stoughton, SK S0G 4T0

Signature of Resident: _____

OFFICE USE:

Date Received: _____

Office Initial: _____

Payment Type: Cash/ Cheque # _____

Receipt # _____